

Nevada Department of Agriculture
Plant Pathology Laboratory
350 Capitol Hill Avenue
Reno, NV 89502-2923

Laboratory Use Only

Series number _____

Date received _____

Date reported _____

Plant Disease Diagnosis Form For Public Samples

Name	Date	Other contact information (optional)
Mailing address (Required) Street _____ City _____ Zip Code _____		Work phone: _____ Home phone _____ Cell phone _____ Fax: _____ Email: _____
Common name of the plant (required)	Latin name of the plant (optional)	
Where your sample was collected:		
Description of plant problem you have (required) (Use reverse page if needed):		
Diagnostic opinion:		
Suggested control methods:		
Disclosures: This form is used for the registration of samples submitted from homeowners or private individuals. The result of diagnosis presented in this form may be an advisory opinion or a general diagnosis depending on the information and sample quality you submitted. Our diagnosis is to serve the public to understand the health problem of plants and to effectively manage plant diseases. Diagnostic information in this form is based on the submitted samples only and should not be used for other purposes.		